Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01931

FILM No. G 124 MAR 2 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown / LENGTH OF STAY (in this place) 40 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59½ Blooms Alley	STREET ADDRESS (If rural, give location) 59½ Blooms Alley

3. NAME OF DECEASED (Type or Print)	(First) ALBERT	(Middle)	(Last) ASHBY	4. DATE OF DEATH	(Month) 2	(Day) 6	(Year) 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/10/1882	9. AGE last birthday 57 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Ashby		14. MOTHER'S MAIDEN NAME Molly James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 213-12-7113	17. INFORMANT AND ADDRESS Mrs. Edith Ashby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	HYPERTENSIVE CARDIOVASCULAR DISEASE	Unknown
443 Antecedent cause(s)	(b)		
934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 19..., to JAN. 28, 19 50, that I last saw the deceased alive on JAN. 28, 19 50, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
N. Alan Harris, M.D.	651 Pennsylvania	2/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/10/1950	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB. 10, 1950	Edith Bowers	William H. Downey	291 Frederick St Hagerstown

9884

RECEIVED
FEB 13 1950
BUREAU V. S.

Dr. Yeager

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

61932

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maugansville
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) BERTIE (Middle) METZ (Last) BAER

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Winchester Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Metz

14. MOTHER'S MAIDEN NAME: Nancy Ebersole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Hannah Squires

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Desease.	10 yrs.
	(c) Parkinsonian Desease	20 yrs +

350X
938

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Dec. 15, 1942, to Feb 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W Howard Yeager M.D. Hagerstown, Md. Feb. 10 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: 2/12/50
NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
LOCATION (City, town, or county) (State): Near Hagerstown Md.

DATE REC'D BY LOCAL REG.: Feb 11, 1950
REGISTRAR'S SIGNATURE: Beast H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md.

VS. A13

RECEIVED
FEB 14 1950
BUREAU V. S.

Dr. Ditto.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01933

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reid - Rural
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown R.6.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reid - Rural
STREET ADDRESS (If rural, give location) Hagerstown R.6

3. NAME OF DECEASED (Type or Print) (First) Florence - (Middle) Kathrine - (Last) Beachley.

4. DATE OF DEATH (Month) Febrey - (Day) 17 - (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Oct. 10-1873
9. AGE last birthday 76-4-7 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY Own Home.
11. BIRTHPLACE (State or foreign country) Near Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Sprecher.
14. MOTHER'S MAIDEN NAME Martha Ann Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS W.H. Beachley Hagerstown Md. R.6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH 7-1-49

15 K

Antecedent cause(s)

46 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 49, to 2-17, 1950, that I last saw the deceased alive on 2-16-, 1950, and that death occurred at 12:30 P.M. m., from the causes and on the date stated above.

SIGNATURE Dr. E.W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE Feb. 20. 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG. Feb. 18, 1950
REGISTRAR'S SIGNATURE Chas. H. Howard
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
FEB 21 1950
BUREAU V. S.

Dr. Ditto

01934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville · LENGTH OF STAY (in this place): 2 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chewsville	STREET ADDRESS (If rural, give location): 140 S. Potomac St.

3. NAME OF DECEASED (Type or Print)	(First) CELA	(Middle) MAY	(Last) BEARD	4. DATE OF DEATH	(Month) Feb.	(Day) 22	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Aug. 3, 1869	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Chewsville Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Henry Poffenberger	14. MOTHER'S MAIDEN NAME: Anna E. Rudisill						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If year, give war or dates of service): --	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Miss Fannie Poffenberger					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.1	Immediate cause	(a) Cardio-Vascular Disease	5 years
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene of toes of right foot	4 wks
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1950, to 2-22, 1950, that I last saw the deceased alive on 2-21-50, 19....., and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: Dr. M W Ditto Jr. (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/24/50	NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery	LOCATION (City, town, or county) (State): Smithsburg, Wash. Co. Md.
DATE REC'D BY LOCAL REG.: Feb. 24 1950	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01935

Dr. Norment.

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 West Washington St.	STREET ADDRESS (If rural, give location) 316 West Washington St.

3. NAME OF DECEASED (Type or Print)	(First) LEWIS	(Middle) EDWARD	(Last) BENTZ	4. DATE OF DEATH (Month) Feb.	(Day) 18	(Year) 50	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 9 1896	9. AGE last birthday 54 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owener operater Mayflower cab Co.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frederick Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Arthur Bentz		14. MOTHER'S MAIDEN NAME Ella Roberts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs Bertha O Bentz Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute dilatation of heart	15 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic alcoholism	years
	(c) Chronic myocarditis	years

422.2 93d 3221

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from February 17, 1950, to February 18, 1950, that I last saw the deceased alive on February 19, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Norment M.D.		119 E. Antietam St Hagerstown Md.	2/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/21/50	Rose Hill Cemetery	Hagerstown Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Feb 20. 1950	Chas H. Hoovers	Andrew K Coffman Hagerstown, Md.

VS. A15

4205V

RECEIVED
FEB 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

01936

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 6 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Dauphin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anne (Middle) McFarland (Last) Bradley

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 1950

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr. 5, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filing Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Pa. Dept. Revenue

11. BIRTHPLACE (State or foreign country): Mercersburg, Pa. R. 2

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Van Bradley

14. MOTHER'S MAIDEN NAME: Elizabeth Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Chas. Bradley, Mercersburg, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — July 1949

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Bi-lateral) Carcinoma breast [illegible] (Rt.) 1944

(c) Massive Metastasis, right — 1944 — 2 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to Feb. 26, 1950, that I last saw the deceased alive on Feb. 21, 1950 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. D. Layman, M.D. Hagerstown, Md. Feb 27 50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Mar. 1, 1950 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Mercersburg, Pa. Franklin

DATE REC'D BY LOCAL REG.: Feb. 27, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Hoover | 24. FUNERAL DIRECTOR: E. M. Grininger | ADDRESS: Mercersburg, Pa.

26648

RECEIVED
MAR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01937

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 N. Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 406 N. Jonathan Street

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) CLAUDE (Last) BRAGG
4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH August 4, 1890
9. AGE last birthday 59 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Bragg
14. MOTHER'S MAIDEN NAME Martha Ann Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War I
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs. Marie Bragg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Vascular hypertension

420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden, 19....., to death, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE S. Robert Mells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Feb. 7 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-13-1950
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Feb. 9. 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR William H Downey 291 Frederick St Hagerstown ADDRESS

V0894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01938

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Brookline ave Extd R.D. 1

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) Rae (Last) Burker

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/21/16

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dallas W. Misner

14. MOTHER'S MAIDEN NAME: Rose C. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: John S. Burker Brookline ave. Hag. Md Route 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Retro-peritoneal abscess (peritonitis) — Interval between onset and death: 21 days

584x Antecedent cause(s)

126 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gallstones

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 30, 1950

19b. MAJOR FINDINGS OF OPERATION: Gallstones

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1950 to Feb. 23, 1950 that I last saw the deceased alive on Feb. 22, 1950, and that death occurred at 8:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Roland Wells, M.D. — ADDRESS: 115 N. Potomac Hagerstown, Md. — DATE SIGNED: 2/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/27/50 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Feb. 25, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Rest Haven Funeral Chapel Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1950
U. S. Air

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01939

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) ~~2 wks~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Tarlinger Av.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 20 Tarlinger Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) THOMAS LEE BURKER

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 12th 1866
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Page Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Down Burker
14. MOTHER'S MAIDEN NAME Martha Hurt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. 7211-27-400
17. INFORMANT Mr Noah Burker

7211-27-400

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
002X	Immediate cause	(a) Pneumonitis	1 days
	Antecedent cause(s)		
13b	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis, far advanced	3 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1950, to 2-13, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 11.06 A.m., from the causes and on the date stated above.

SIGNATURE Robert F. Goedle (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 2-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 17th 1950
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REG. Feb. 16 1950
REGISTRAR'S SIGNATURE Chas H Towers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. ADDRESS Hagerstown Md.

98899

RECEIVED
FEB 20 1950
BUREAU V. S.

RECEIVED
FEB 20 1950
BUREAU V. S.

01940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 347 Memorial Blvd.	STREET ADDRESS (If rural, give location): 347 Memorial Blvd.

3. NAME OF DECEASED (Type or Print)	(First) Clinton	(Middle) A.	(Last) Carbaugh	4. DATE OF DEATH	(Month) Feb.	(Day) 19	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 11-25-1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months 2	Days 25	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer	10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.	11. BIRTHPLACE (State or foreign country): Hanover, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Charles G. Carbaugh	14. MOTHER'S MAIDEN NAME: Emma Gettier						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 705-10-7084	17. INFORMANT: Mrs. Clinton A. Carbaugh					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis c̄ myocardial infarction — 36 hrs

420.1 Antecedent cause(s) (b)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb, 1950, to 19 Feb, 1950, that I last saw the deceased alive on 19 Feb, 1950, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE: Elder H Vachlinde (Degree or title) MD — ADDRESS: Hagerstown Md — DATE SIGNED: 2/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2-22-1950	NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: Feb. 21, 1950	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

32247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 28 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 01941

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 732 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) Cleggett (Middle) Keplinger (Last) Chambers
4. DATE OF DEATH: (Month) Feb (Day) 13 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	1/27/1885	65 yrs.		17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver
10b. KIND OF BUSINESS OR INDUSTRY: Dunn Woolen Co
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Brown Chambers
14. MOTHER'S MAIDEN NAME: Virginia Gantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 234-01-8966
17. INFORMANT: Charles C. Chambers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis of Abdominal Aorta — 24 hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aneurysm of Abdominal Aorta — 1-2 yrs

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/11/50	Aneurism of Abdominal Aorta	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1950, to Feb 13, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 12:52 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert V. L. Campbell M.D.	Hagerstown Md	Feb 13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Jan. 15, 1950	Green Hill	Martinsburg W Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 13, 1950	Chas. H. Boward	Howard K. Brown	Martinsburg, W Va.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5 J

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conococheague, Md. LENGTH OF STAY (in this place) 1 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) Bomberger	(Last) Cost	4. DATE OF DEATH	(Month) Feb. (Day) 20 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 7-1-1869	9. AGE last birthday 80 yrs.	If under 1 year Months 7 Days 19; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.Clerk	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boonsboro, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John W. Cost	14. MOTHER'S MAIDEN NAME Sarah Bomberger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 202-01-1420	17. INFORMANT Mrs. John Martin			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) chronic Valvular Heart Disease	8-10 years
196X Antecedent cause(s)	~~chronic~~ Carcinoma of Inferior	2-3
45d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Maxilla (Inside)	years ?
	(c) ✓	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	✓	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1/1, 1940, to 2/20, 1950, that I last saw the deceased alive on 2/18, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Victor Dmullen (Degree or title) DR. VICTOR B. [illegible] 131 W. WASHINGTON ST. HAGERSTOWN, MD. ③ ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-22-1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Feb. 21, 1950	REGISTRAR'S SIGNATURE [illegible] M. [illegible] Dept. P.R.	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

49647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Vic Miller

RECEIVED
MAR 6 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01943

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 413

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
LENGTH OF STAY (in this place): 20 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Potomac. St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural, give location): Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Scott (Last) Coulter.

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 28 1876

9. AGE last birthday: 73-6-7 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labors

10b. KIND OF BUSINESS OR INDUSTRY: Timber Project

11. BIRTHPLACE (State or foreign country): Brownsville Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mason Coulter

14. MOTHER'S MAIDEN NAME: Julia Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 220-05-6410

17. INFORMANT AND ADDRESS: Mrs. Ida B. Coulter Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Angina Pectoris

420.2 Antecedent cause(s)

94 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1950, to Feb 6, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 12.45 A m., from the causes and on the date stated above.

SIGNATURE: W W Felton | (Degree or title): M. D | ADDRESS: Boonsboro | DATE SIGNED: 2/6/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Feb. 8. 1950 | NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery | LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Feb. 7. 1950 | REGISTRAR'S SIGNATURE: John A. Bast | 24. FUNERAL DIRECTOR: Wm. J. Bast & Son | ADDRESS: Boonsboro Md.

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RECEIVED
FEB 10 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01944

Reg. Dist. No. 30.5

1. PLACE OF DEATH: COUNTY Washington Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro; LENGTH OF STAY (in this place) 12 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle, Penna.
STREET ADDRESS (If rural, give location) 43 E. Madison, Greencastle, Pa.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Kate	Cump	Feb.	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 26, 1860	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Franklin Co. Penna.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Whitmore	Martha Stamy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None.	Miss Alice Whitmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 593X 132	(b) Auricular Fibrillation	10 days
	(c) Nephritis	10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

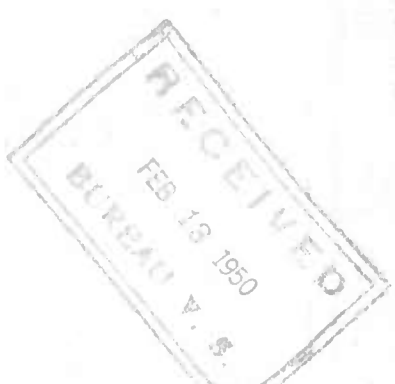
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 28, 1950, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 6, 1950, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Luther Wade.	M. D.	Boonsboro, Md.	2/7/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 10, 1950	Cedar Hill Cemetery	Greencastle Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 9, 1950	John W. Bast	Harold M. Zimmerman	Greencastle Pa.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FEB 13 1950
BUREAU V. S.

01945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Homewood Road

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) Ann (Last) Dailey
4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11-28-1869
9. AGE last birthday 80 yrs. If under 1 year Months 2 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harpers Ferry, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George H. Earle
14. MOTHER'S MAIDEN NAME Sarah House
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT R. E. Dailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 X Immediate cause (a) Carcinoma of Stomach — 1 yr.

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to 3 Feb, 1950, that I last saw the deceased alive on 31 Jan, 1950, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE Edm G H Vochlmeier (Degree or title) ADDRESS Hagerstown Md. DATE SIGNED 5 February 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2-7-1950
NAME OF CEMETERY OR CREMATORY Edge Hill Cemetery
LOCATION (City, town, or county) (State) Charlestown, W. Va.
DATE REC'D BY LOCAL REG. Feb. 5. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1950
BUREAU P. S.

Dr. Porterfield

01946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 530 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 530 Summit Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Oliver	Josiah	Eiler	Feb.	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	May 4, 1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker W. Md. RR
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Near Woodsboro Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Eiler
14. MOTHER'S MAIDEN NAME: Catherine Hawk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Murray Eiler Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
154X Immediate cause	(a) Carcinoma Rectum	? 6 mos +
Antecedent cause(s)		
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemorrhage from Rectum	1 week.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Feb 13, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. E. Porterfield M.D.		136 W. Washington St	2/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/15/50	Rose Hill Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 14 1950	Chas. H. Towers	Andrew K. Coffman	Hagerstown Md.

30447

RECEIVED
FEB 16 1950
BUREAU V. S.

01947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY: WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: MARYLAND COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): 3 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL	STREET ADDRESS (If rural, give location): 438 Mc DOWELL AVE

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) LAWRENCE	(Last) FISHER	4. DATE OF DEATH	(Month) FEB	(Day) 3	(Year) 1950
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: 5/28/1870	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Mio.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY: SHIPBUILDERS	11. BIRTHPLACE (State or foreign country): CHARLESTON, S.C.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: UNKNOWN	14. MOTHER'S MAIDEN NAME: UNKNOWN						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: MRS. L. RUSSELL BARLUP.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
610 X	Immediate cause	(a) Uremia	7 days
	Antecedent cause(s)	(b) Prostatic hypertrophy	unknown
137a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1948 to 2-3-50, 19....., that I last saw the deceased alive on 2-3-50, 19....., and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Keadle	M. D.	Hagerstown, Md.	2-3-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 2/5/50	NAME OF CEMETERY OR CREMATORY: GREENLAWN CEM.	LOCATION (City, town, or county): NEWPORT NEWS (State): VA.
DATE REC'D BY LOCAL REG.: Feb. 3, 1950	REGISTRAR'S SIGNATURE: Hiram H Bowers	24. FUNERAL DIRECTOR: W.T. NORMENT	ADDRESS: HAGERSTOWN

602 4V MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1950
BUREAU U. S.

Dr. Welty

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01948 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 4 Hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R#5
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital	STREET ADDRESS (If rural, give location): Leitersburg Pike

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) FRANCIS	(Last) FLAHERTY	4. DATE OF DEATH	(Month) Feb.	(Day) 13	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Apr 5 1918	9. AGE last birthday: 31 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical Work	10b. KIND OF BUSINESS OR INDUSTRY: Oil Business	11. BIRTHPLACE (State or foreign country): Bryn Mawr, Penna.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Thomas J. Flaherty	14. MOTHER'S MAIDEN NAME: Nellie Casey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): ----	16. SOCIAL SECURITY No.: 200-10-5083	17. INFORMANT AND ADDRESS: Helen Shank Flaherty Hagerstown Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

411X Immediate cause (a) Rheumatic Heart Disease c̄ Aortic Insufficiency,

Antecedent cause(s) (b) Bundle Branch Block and Myocardial Insufficiency. — 24 years

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1948, to 2-13, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 12:40A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dallas M. Welty	M.D.	Hagerstown, Maryland	2-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/15/50	NAME OF CEMETERY OR CREMATORY: Rest Haven	LOCATION (City, town, or county) (State): Hagerstown Md
DATE REC'D BY LOCAL REG.: Feb 14 1950	REGISTRAR'S SIGNATURE: Chas H. Bowers	24. FUNERAL DIRECTOR: Fr. Hoffman	ADDRESS: Hagerstown Md.

266 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 16 1950
BUREAU V

Dr. R Young (1949)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 2 5-12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #6

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	CLEVELAND	FOGLE	Feb.	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Oct. 21, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Woodsboro, Fredrick Co	Md. USA

13. FATHER'S NAME: John H. Fogle
14. MOTHER'S MAIDEN NAME: Alice Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Lloyd E Boward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immediate

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/50 19..., to 2/6/50, 19..., that I last saw the deceased alive on 2/6/50, 19..., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. F. Young	M.D.	Williamsport Md	2/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/8/50	Rose Hill Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 7 1950	Truth Bowers	Andrew K. Coffman	Hagerstown Md.

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Welty

01950

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; MARYLAND; LENGTH OF STAY (in this place): 48 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 997 Potomac Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 997 Potomac Ave.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) MALINDA (Last) FOLTZ

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Gassman

14. MOTHER'S MAIDEN NAME: Josephine R. Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): ---

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Robert S. Foltz Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis with Uremia	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1947, to 2-22, 1950, that I last saw the deceased alive on 2-22, 1950, and that death occurred at 12:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M. Welty	M. D.	Hagerstown, Md.	2-23-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/25/50	Rose Hill Cemetery	Hagerstown, Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 24, 1950	Ethel A. Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A5

RECEIVED
FEB 27 1950
BUREAU V. S.

Dr. Fusby
N. Potomac St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01951

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 57 West Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 57 West Franklin St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Walter	Ford	February	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	January 13 1882	68-1-27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Shoe Factory	Boonsboro Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James P. Ford	Malinda Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	214-09-5476	Mrs. E. May Young. 57 W. Franklin St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic Cardio vascular Disease — 1 1/2 yrs +

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1948, to Feb 10, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Fusby	230 N Potomac	Hagerstown Md	11 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 13, 1950	Boonsboro Cemetery	Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 11 1950	Chas H Loewer	Wm D. Bast & Sons	Boonsboro Md.

98621

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 1952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville Md.; LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownsville Md. RFD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville Md.
STREET ADDRESS (If rural give location) Brownsville Md. RFD

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) Anna Elisabeth (Last) Fowler

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 28 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 6 Days 15; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Knoxville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. King

14. MOTHER'S MAIDEN NAME: Maryl Elizabeth Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Jacob Secrist Halfway Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Myocarditis — 3 months

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic gastritis. — 1 year

(c) (possible carcinoma of the colon) — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe malnutrition. — 3 months

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20/50 19..... to 2/12....., 19..50, that I last saw the deceased alive on 2/11....., 19..50, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: Walter H. Sheats (Degree or title) M. D. ADDRESS: Sharpsburg, Md. DATE SIGNED: 2/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 15 1950 | NAME OF CEMETERY OR CREMATORY: Bakersville Cemetery | LOCATION (City, town, or county) (State): Bakersville Md.

DATE REC'D BY LOCAL REG. 2/14/50 | REGISTRAR'S SIGNATURE: Mrs. Katherine Dagenhart

24. FUNERAL DIRECTOR: Edith V. Leaf ADDRESS: Williamsport Md.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr Cohen

2411 N. Charles Street, Baltimore

01953

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring R.F.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural, give location) St. Pauls

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	(Last) FRUSH	4. DATE OF DEATH (Month) Feby (Day) 14 (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jany 10 1870	9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Clear Spring Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME George W. Frush		14. MOTHER'S MAIDEN NAME Linda Repp		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) —	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Lewis Milton Frush	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

15 K Immediate cause (a) Generalized Carcinomatosis — ?

Antecedent cause(s)

46 g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma Head Pancreas — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1950, to 2-14, 1950, that I last saw the deceased alive on 2-14, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Archie Robert Cohen	M.D.	Clear Spring Md	2-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-16-50	NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery	LOCATION (City, town, or county) (State) Clear Spring Wash. Co. Md
DATE REC'D BY LOCAL REG. Feb. 16 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md

86600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01954

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 351 Liberty St.,

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Fred (Last) Guessford

4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 14, 1900
9. AGE last birthday 49 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Guessford
14. MOTHER'S MAIDEN NAME Lillian Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220/18/1662
17. INFORMANT Catherine Guessford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cor pulmonale	1 yr.
241x Antecedent cause(s)	(b) 1) Bronchial asthma, 2) Chronic bronchitis, 3) bronchiectasis	1) and 2) 10 yrs 3 1 yr.
110b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1) Renal adhesions Sceletary cyst kidney — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1950, to Feb 26, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED Feb 27, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 1, 1950
NAME OF CEMETERY OR CREMATORY St. Pauls' Cemetery
LOCATION (City, town, or county) (State) Clear Spring, Maryland

DATE REC'D BY LOCAL REG. Feb. 28, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers,
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Maryland ADDRESS

740 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

01955

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
MARYLAND
LENGTH OF STAY (in this place): 12 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chewsville-Beaver Creek Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
STREET ADDRESS (If rural, give location): Chewsville-Beaver Creek Road

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) MAY (Last) HAMBURG

4. DATE OF DEATH: (Month) FEB. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/4/89

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Chewsville Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Eckstine

14. MOTHER'S MAIDEN NAME: A. Maria Lechrone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Richard M. Hamburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Hemorrhage — Interval Between Onset and Death: 1 yrs

422.2

Antecedent cause(s)

932

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 19[illegible], to 2-2, 1950, that I last saw the deceased alive on 2-1, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Dr. W Ditto (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 2/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/4/50

NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery

LOCATION (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REG.: Feb. 4 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md

RECEIVED
FEB 7 1950
BUREAU, V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01956

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 hrs 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) 27 West Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) Sharon (Middle) Lee (Last) Harries

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 24, 1950

9. AGE last birthday: yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours 3, Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington County Hosp.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Frederick Harries

14. MOTHER'S MAIDEN NAME: Nina Virginia Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diaphragmatic hernia — Interval between onset and death:

5604 Antecedent cause(s)

122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis; left lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:25 p.m. 2/24 19 50, to 3:45 2/25 19 50, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE Suchen Wang M.D. (Degree or title) ADDRESS Washington County Hospital DATE SIGNED 2/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Feb 25 50 — NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery — LOCATION (City, town, or county) Locust Grove (State) Md

DATE REC'D BY LOCAL REG. Feb. 25, 1950 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew E. Coffman — ADDRESS Hagerstown, Md

2-0-2-24-0-19-1-37-3

RECEIVED
FEB 28 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1957

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 141 W. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 141 W. Church St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Cleveland (Last) Heil

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 24, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 7 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Heil

14. MOTHER'S MAIDEN NAME: Clara Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-10-3042

17. INFORMANT: Mrs. Mary Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Acute coronary occlusion — Interval between onset and death:

117a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) L. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED Feb. 21 '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-22-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. Feb. 21, 1950

REGISTRAR'S SIGNATURE Charles H. Towers,

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md.

ADDRESS

49661

RECEIVED
FEB 23 1950
BUREAU A. S.

Dr. Nonenstein

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01958

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 430 East Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena - 'Rural'
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2.

3. NAME OF DECEASED (Type or Print) (First) Susan - (Middle) Ann - (Last) Hoffman

4. DATE OF DEATH (Month) Februy - (Day) 21 - (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 7 - 1866
9. AGE last birthday 83-2-14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Reese
14. MOTHER'S MAIDEN NAME Susan McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Arthur Hoffman - 430 E. Franklin St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-Vascular disease

443 ✓ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1950, to Feb 21, 1950, that I last saw the deceased alive on Feb 21, 1950 and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE Sidney Noverstein (Degree or title) M D ADDRESS Hagerstown Md DATE SIGNED 2/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 24. 1950
NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery
LOCATION (City, town, or county) (State) Beaver Creek Wash. Co. Md.

DATE REC'D BY LOCAL REG. Feb. 22 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01959

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) ½ hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS 000 North Mont Valle

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 13 Wabash Avenue

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Matilda (Last) Holders
4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 22, 1868
9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Butts
14. MOTHER'S MAIDEN NAME: Mary Laddalow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: W. A. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) acute coronary occlusion
94a (c) Vascular hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 2.17.50
S. Robert Wells M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Feb. 19, 1950 | NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery | LOCATION (City, town, or county) (State): Boonsboro, Maryland

DATE REC'D BY LOCAL REG. Feb. 16. 1950 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 21 1950
BUREAU V. S.

01960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. RFD
STREET ADDRESS (If rural give location) Williamsport Md. RFD

3. NAME OF DECEASED (Type or Print) (First) Jacob C (Middle) Conley (Last) Hoover
4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 26 1886
9. AGE last birthday 63 yrs. If under 1 year Months 11 Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Winchester W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Hoover
14. MOTHER'S MAIDEN NAME Laura Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-28-5389
17. INFORMANT Mrs. William Griffin (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchi Pneumonia	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Genuine arteriosclerosis c̄ [illegible]	5 years
	(c)	

450.0
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1950, to 2-10, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 2/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 13 1950
NAME OF CEMETERY OR CREMATORY Harmony Cemetery
LOCATION (City, town, or county) Near Marlow (State) W. Va
DATE REC'D BY LOCAL REG. Feb. 11 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01961 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 513 West Church Street

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) May (Last) Hoover

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 27, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months 11 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton A. Kershner

14. MOTHER'S MAIDEN NAME: Ella Cearfoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Roy Hoover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X — Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 24 hours

83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1950, to Feb. 17, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 8:35 A.m., from the causes and on the date stated above.

SIGNATURE R. A. Beel (Degree or title) M. D. ADDRESS Hagerstown Md. DATE SIGNED Feb. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2-20-1950 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Feb 20, 1950 — REGISTRAR'S SIGNATURE Chas. H. Hoover — 24. FUNERAL DIRECTOR: C. M. Suter & Sons — ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

01962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) Route #40

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) Lillian (Last) Johnson
4. DATE OF DEATH (Month) February (Day) 22, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 3, 1893
9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles E. Whittington
14. MOTHER'S MAIDEN NAME Belle Grey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John W. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral Hemorrhage	2 days
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1946, to Feb. 22, 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 2/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 25, 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Feb. 23, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01963

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 4 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 E. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Page
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray
STREET ADDRESS (If rural, give location) Rural - Luray

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) Alice (Last) Judd
4. DATE OF DEATH: (Month) Feb (Day) 24 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 15/2/1867
9. AGE last birthday: 83 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel B. Judd
14. MOTHER'S MAIDEN NAME: Arthelia Kibler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Joseph D. Judd — 21 E. Balt. St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 wks.
332 Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Parkinsonian Paresis	unkn.
	(c) Arteriosclerosis Hypertension	Under.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb, 19 50, to 24 Feb, 19 50, that I last saw the deceased alive on 22 Feb, 19 50, and that death occurred at 2:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Chas H Overholtzer M.D. | Hagerstown Md | 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/26/1950 | NAME OF CEMETERY OR CREMATORY: Beahms Chapel Cem. | LOCATION (City, town, or county) (State): Luray Va.

DATE REC'D BY LOCAL REG. Feb. 25, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: W.T. Norment | ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 28 1950
BUREAU V. S.

Dr. Yeager

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01964

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 870 Mulberry Ave.

3. NAME OF DECEASED (Type or Print): (First) LIZZIE (Middle) FLORENCE (Last) KAYLOR
4. DATE OF DEATH: (Month) Feb. (Day) 12 (Year) 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 21, 1872
9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C. Gray
14. MOTHER'S MAIDEN NAME: Barbarba Ann Rohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): ----
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Donald G. Kaylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443X Immediate cause	(a) Hypertensive Cardiovascular Disease.	10 yrs
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatoid Arthritis	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27-, 1926, to Feb 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Howard Yeager M.D Hagerstown, Md Feb-13, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2/14/50 | NAME OF CEMETERY OR CREMATORY: Dunkard Cemetery | LOCATION (City, town, or county) (State): Beaver Creek, Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Feb 14 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown Md.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01965

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   LENGTH OF STAY (in this place) 65 YRS.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
   STREET ADDRESS (If rural, give location) 930 THE TERRACE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANITA (Last) KELLER

4. DATE OF DEATH: (Month) FEBRUARY (Day) 14 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 10/31/1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): BEDFORD COUNTY VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS WROE

14. MOTHER'S MAIDEN NAME: ELIZABETH GOODE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
   (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MISS VIRGINIA KELLER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	3 days
442 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	10 years
	(c) Arteriolar Nephrosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans 28 yrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 7, 1925, to Feb. 14, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Howard Yeager, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Feb. 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE 2/17/50 — NAME OF CEMETERY OR CREMATORY ROSE HILL CEM. — LOCATION (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REG. Feb. 16, 1950 — REGISTRAR'S SIGNATURE Chas. H. Groves

24. FUNERAL DIRECTOR W. T. NORMENT — ADDRESS HAGERSTOWN MD.

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01966

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County: Washington

City or town: Boonsboro (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Potomac St.

How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Boonsboro (If outside city or town limits, write RURAL and give nearest town)

Street No.: Potomac St. (If rural, give LOCATION)

2.(a) If veteran, name war: No.

3.(a) FULL NAME: HENRY NYMAN KNODE

3.(b) Social Security Number: 219-03-6044

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: Single

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May. 3 - 1880

8. AGE: Years	Months	Days	If less than one day
69	9	1	..... hrs. ..... min.

9. Birthplace: Boonsboro Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Clerk in Hardware Store

11. Industry or business

FATHER — 12. Name: William E. Knode

FATHER — 13. Birthplace: Boonsboro Md.

MOTHER — 14. Maiden name: Anna Smith

MOTHER — 15. Birthplace: Boonsboro Md.

16. Informant: Miss Anna Knode

Address: Boonsboro Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Feb. 7-1950 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetery

Location: Boonsboro Md.

18. Funeral director: Chas. D. Bart & Sons

Address: Boonsboro Md.

19. Feb. 4. 1950 (Date rec'd by registrar) John H. Bart Registror

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 4 1950, at 3 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10 1949 to February 4 1950 and that I last saw him alive on Feb. 3 1950

Immediate cause of death	DURATION
Cancer of right lung	
Due to: Hypertension.	
Due to: Chronic myocarditis.	
Other conditions	

163X

47d

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury ..... Injured at work?

23. SIGNATURE: G. Wilson M.D. M. D. or other

Address: Boonsboro, Md. Date signed: 2/4/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 7 1950
BUREAU V. S.

102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01967

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) JANE (Last) KRATZ

4. DATE OF DEATH (Month) Feb. (Day) 16, (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Sept. 17, 1865 | 9. AGE last birthday 84 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Wash. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Mouse | 14. MOTHER'S MAIDEN NAME Mary Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Miss Lelia Kratz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Sclerosis	15 years
	(c)	

331 X
830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Feb 16 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David R. Brewer	M.D.	Clear Spring Md.	2/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 20, 1950	St. Pauls Cemetery	Clear Spring, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 17, 50	Joseph W. Murray	Adrian H. Rowland	Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
OLYMPIA, WASH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01968

CERTIFICATE OF DEATH

Reg. Dist. No. ~~231~~ 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 11 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tuxedo
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) Isabelle (Last) Leapley
4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 15, 1866
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Not known
14. MOTHER'S MAIDEN NAME: Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	4 years
	(c) Encephalomalacia	11 months

450.0
83.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dermoid of abdominal wall — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Feb. 23, 1950, that I last saw the deceased alive on Feb. 23, 1950, and that death occurred at 4:15 P.M. m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas (Degree or title) M.D. ADDRESS: Ritchie State Hosp., Cascade, MD. DATE SIGNED: Feb. 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/28/50 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington Ill

DATE REC'D BY LOCAL REG.: 2/27/50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gesch's Sons — ADDRESS: Hyattsville Md.

John R. Cochran sr. J.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01969

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 months + 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) A. (Last) Liday

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 12, 1877
9. AGE last birthday 72 yrs. If under Months — 1 year Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Frederick County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph C. Liday
14. MOTHER'S MAIDEN NAME Mary C. Geesey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate c̄ Metastasis to Pelvic Bones and Lungs

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

51b (c)

INTERVAL BETWEEN ONSET AND DEATH: ? at least 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Lead Poisoning ?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 19, 1949, to Feb. 23, 1950, that I last saw the deceased alive on Feb. 23, 1950, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) M.D. ADDRESS Ritchie Hospital, Cascade, Md. DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 26
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Woodsboro (State) Md

DATE REC'D BY LOCAL REG. Feb. 25, 1950
REGISTRAR'S SIGNATURE John R Parkman
24. FUNERAL DIRECTOR G. C. Barton ADDRESS Walkersville Md

340V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950
BUREAU P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01770

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 2 yrs. 1½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 238 Race St.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Fannie (Last) Marshall

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 19, 1901

9. AGE last birthday: 48 yrs. — If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Marshall

14. MOTHER'S MAIDEN NAME: Iola Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk. — (If year, give war or dates of service): unk.

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X **Immediate cause** (a) Uremia — Interval Between Onset and Death: 2 months

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) nephrosis — 6 months

(c) Diabetes Mellitus — many yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. renal Calculi

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec. 15, 1947, to Feb. 2, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Roi — (Degree or title) M.D. — ADDRESS: Ritchie Hospital, Cascade, Md. — DATE SIGNED: Feb. 2, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/5/50 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park — LOCATION (City, town, or county) (State): Cambridge Md

DATE REC'D BY LOCAL REG.: 2/2/50 — REGISTRAR'S SIGNATURE: John T. Cochran Dep. Local Reg. — 24. FUNERAL DIRECTOR — ADDRESS: Kenneth R. Thomas, Cambridge Md

RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01971

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 411 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 411 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) May (Last) McKee

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 3, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick W. Newcomer

14. MOTHER'S MAIDEN NAME: Ardella Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Luther Sweigert 411 S. Pot. St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic parenchymatous nephritis — Interval between onset and death: Aug. 2, 1948 to Feb. 26, 1950

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4467 131a

(c) Hypertension & arteriosclerosis,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2, 1948, to Feb 26, 1950, that I last saw the deceased alive on Feb 25, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Bell M.D. Hagerstown Maryland Feb. 27, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 28, 1950 — NAME OF CEMETERY OR CREMATORY: Beaver Creek Cemetery — LOCATION (City, town, or county) (State): Beaver Creek Md.

DATE REC'D BY LOCAL REG. Feb. 27, 1950 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: W. T. Norment — ADDRESS: Hagerstown, Md.

RECEIVED
MAR 1 1950
BUREAU V. S.

01972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R.2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Franklin (Last) McPherson

4. DATE OF DEATH (Month) (Day) (Year) February 27 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 2, 1869
9. AGE last birthday 80-10-25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly
10b. KIND OF BUSINESS OR INDUSTRY at Wash. Co. Home
11. BIRTHPLACE (State or foreign country) near Smithsburg Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George McPherson
14. MOTHER'S MAIDEN NAME Margaret McPherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Stanly Hoffman Boonsboro Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	30 hrs
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Decompensation	30 hrs.
93d	(c) Hypertensive Cardio Vascular disease	5 yrs-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1950, to 2-27, 1950, that I last saw the deceased alive on 2-26, 1950, and that death occurred at 1150A m., from the causes and on the date stated above.

SIGNATURE Ernest F Poole MD (Degree or title) Physician ADDRESS Hagerstown, Md. DATE SIGNED 2-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 2, 1950
NAME OF CEMETERY OR CREMATORY Mt. Lena Cemetery
LOCATION (City, town, or county) (State) Mt. Lena Wash. Co. Md.

DATE REC'D BY LOCAL REG. Feb. 28, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md.

79092

Dr. Poole
Mahan Bldg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 2 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01973 302

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. LENGTH OF STAY (in this place) 5 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 55 E. Franklin Street	STREET ADDRESS (If rural give location) 55 E. Franklin Street

3. NAME OF DECEASED (Type or Print)	(First) Linda	(Middle) Jane	(Last) Mellott	4. DATE OF DEATH	(Month) Feb. (Day) 25 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) baby	8. DATE OF BIRTH Jan. 19 1950	9. AGE last birthday 5 weeks	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) baby	10b. KIND OF BUSINESS OR INDUSTRY baby	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Arthur Melott Jr.	14. MOTHER'S MAIDEN NAME Jane Elizabeth Nalley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Jane Elizabeth Mellott			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	48 hours
751X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spina bifida (Congenital)	
157b	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 19, 1950, to Feb 25, 1950 that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 3 45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Williamsport Md.	2/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 28 1950	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 27, 1950	Chas H Bowers	Edith V. Leaf	Williamsport Md.

2-0-1-19-0-23-1-40-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11974

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 343 Jefferson Street

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) B. (Last) Miller

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 17, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Nicholas Straley

14. MOTHER'S MAIDEN NAME: Sarah Heagey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John N. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus — Interval between onset and death: 10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

553X
121

(b) Appendectomy — 11 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 2, 1950

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11 1950 to Feb. 13 1950 that I last saw the deceased alive on Feb. 13, 1950 and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clark a. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md. 2/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 16, 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Feb. 15, 1950 — REGISTRAR'S SIGNATURE: Clark H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

RECEIVED
FEB 17 1950
BUREAU V. S.

01975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Park Avenue	STREET ADDRESS (If rural, give location) 99 Park Avenue

3. NAME OF DECEASED (Type or Print)	(First) Susie	(Middle) J.	(Last) Miller	4. DATE OF DEATH	(Month) Feb. (Day) 4, (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1873	9. AGE last birthday 76 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U. S.		
13. FATHER'S NAME Oliver Stump	14. MOTHER'S MAIDEN NAME Susan McCallister				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Roy T. Miller-98 Park Avenue Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intraventricular Hemorrhage	2 1/2 days
331x Antecedent cause(s)	(b) Arteriosclerosis	?
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1950, to Feb. 4, 1950, that I last saw the deceased alive on Feb. 4, 1950, and that death occurred at 1030 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hoffman	MD	Hagerstown Md	2/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 7, 1950	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Feb. 6, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

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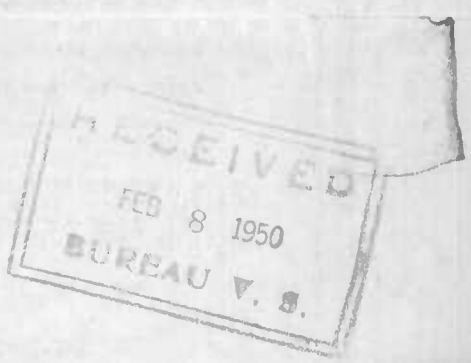
VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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FEB 8 1950
BUREAU V. S.

Dr. Layman
01370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 8 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 2302 Virginia Ave.

3. NAME OF DECEASED (Type or Print)	(First) EARL	(Middle) DE WITT	(Last) MYERS SR.	4. DATE OF DEATH	(Month) Feb. (Day) 20 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9, 1892	9. AGE last birthday 57 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Fredrick, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John D. Myers			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW#1	16. SOCIAL SECURITY No. 214-09-9509	17. INFORMANT AND ADDRESS Sherwood S. Myers		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	4 days
442X Antecedent cause(s)		at least 3 mo
46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriolar nephrosclerosis	Unknown
	(c) Arteriosclerotic heart disease c̄ Cardiac insufficiency Cardiac hypertrophy	at least 3 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma head of pancreas ?? ??

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1950, to Feb 20, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 5:25A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman, M.D.		Hagerstown, Md.	Feb 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/22/50	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. Feb 22 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01977

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH · COUNTY: Washington · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. · COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Boonsboro · LENGTH OF STAY (In this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Boonsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	Henry	Myers	Feb.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	March 26, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Mt. Lena--Wash.--Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Myers	Margeret Lumm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Rollie Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilation of Heart.	Sudden
260 K Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	5 days
	(c) Obesity	5 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1950, to Feb. 4, 1950, that I last saw the deceased alive on Feb. 4, 1950, and that death occurred at 10.30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hubert Wade.	M. D.	Boonsboro. Md.	2/6/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 7, 1950	Mt. Lena	Mt. Lena, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 7, 1950	R. H. Keefer	R. I. Earnshaw--Keedysville, Md	

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RECEIVED
FEB 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01978

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Fulton; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ameranth; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) J. (Last) Norris

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 29. 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building & Gen'l. Carp

11. BIRTHPLACE (State or foreign country): Maryland U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josephus Norris

14. MOTHER'S MAIDEN NAME: Mary F. Creek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 188-12-4723

17. INFORMANT: Clyde Norris - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval Between Onset and Death: 3 to 5 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Benign Hypertrophy of Prostate

(c) Urinary Retention

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 22-50

19b. MAJOR FINDINGS OF OPERATION: Hugh Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19 1950, to Feb 24, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Layman, M.D. ADDRESS: Hagerstown. DATE SIGNED: Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Mar. 1, 1950 | NAME OF CEMETERY OR CREMATORY: Buck Valley Christian | LOCATION (City, town, or county) (State): Fulton Co. Penna

DATE REC'D BY LOCAL REG. 3/1-50 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Charles R. Bast, Hancock, Md. ADDRESS

Recd from Hancock Registration Office Mar 4 1950

30879

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01979

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY IN THIS PLACE: Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 104 North Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location): 104 North Avenue

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) F. (Last) Phillips

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 14 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 5 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Union Bridge, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Benjamin Phillips

14. MOTHER'S MAIDEN NAME: Elizabeth Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-7467

17. INFORMANT: Mrs. Edward F. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary ~~occlusion~~ Thrombosis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.19, 19 40, to 2.1, 19 50, that I last saw the deceased alive on Feb. 1, 19 50 and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE: Lloyd A. Hoffman (Degree or title): Medical Doctor ADDRESS: 214 North Potomac St. Hagerstown, Maryland DATE SIGNED: 2.2.50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2-4-1950; NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Feb 4 1950; REGISTRAR'S SIGNATURE: Chas. H. Towers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, ADDRESS: Hagerstown, Md.

21099

RECEIVED
FEB 7 1950
BUREAU V. S.

Dr. Bell

01980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R#4
LENGTH OF STAY (in this place): 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Middleburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R#4
STREET ADDRESS (If rural, give location): Middleburg Pike

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) SALOME (Last) POORMAN

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 5, 1866

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Bedford, Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Arnold

14. MOTHER'S MAIDEN NAME: Mary over

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No ----

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mary L. Alphin Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Chronic myocarditis	years
422.2 Antecedent cause(s)	(b)	None	
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1950, to Feb. 24, 1950, that I last saw the deceased alive on Feb. 24, 1950, and that death occurred at 3:23 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. A. Bell M. D. Hagerstown Maryland. February 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/27/50	Highspire Cemetery	Middletown, Dauphin Co. Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 25, 1950	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15-1

RECEIVED
FEB 28 1950
DI MEAU Y. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 FEB 20 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 35 Yeard
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bridgeppot

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): Bridgeport

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EFFIE	MAY	PRICE	Feb.	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6/12/87	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own Home	Hagerstown Md.	USA

13. FATHER'S NAME: John Bragunier
14. MOTHER'S MAIDEN NAME: Eliza Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Hallie A. Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio sclerotic Cardio vascular disease	3 yrs +
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

4 22.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 15, 1948, to Feb 5, 1950, that I last saw the deceased alive on 3 Feb, 1950, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Lusby		230 N Potomac	6 Feb 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/7/50	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 7 1950	Ethel H. Towers	Andrew K. Coffman	Hagerstown Md.

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01982

Reg. Dist. No. 2nd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg Md.
LENGTH OF STAY (in this place): 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharpsburg Md. RFD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg Maryland
STREET ADDRESS (If rural, give location): Sharpsburg Md. RFD

3. NAME OF DECEASED (Type or Print): Joseph (First) Fredrick (Middle) Roulette (Last)

4. DATE OF DEATH: Feb. 10 1950 (Month) (Day) (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 23 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 4 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D Roulette

14. MOTHER'S MAIDEN NAME: Anna Rohrback

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Estella Remsburg Roulette

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	18 Months
	(c) Generalized Arteriosclerosis & Hypertension	1 yrs. Plus.

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of the Prostate — 2 yrs plus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Feb. 18, 1950, that I last saw the deceased alive on Feb. 9, 1950, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter H. Shealy	M.D.	Sharpsburg, Md.	Feb-11, 1950.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 12 1950	Mt. View Cemetery	Sharpsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-11-50	Leaf Burgess	Edith V. Leaf	Williamsport Md.

GOOVV

RECEIVED
1950
U. S.

Dr. Hirshman

01983

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 439 Summit Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 439 Summit Ave.

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) MUNDEY (Last) ROW

4. DATE OF DEATH: (Month) February (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Edensville, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Roof

14. MOTHER'S MAIDEN NAME: Maggie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Roy S. Mundey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584 X

Immediate cause (a) Coronary occlusion — Interval between onset and death: 12 hrs.

940a

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chole cystitis Acute — Interval between onset and death: Many years

(c) Chole Lithiasis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1950, to Feb 19, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED: 2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/21/50 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Feb 20, 1950 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
FEB 23 1950
BUREAU U. S.

101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01984

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown [illegible], Md. LENGTH OF STAY (In this place) 3 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Jefferson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charles Town
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) E. (Last) Schoch
4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH About 1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Master Pattern Maker
10b. KIND OF BUSINESS OR INDUSTRY Shipyard
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Yonkers Schoch
14. MOTHER'S MAIDEN NAME Jeanetta A. Knox.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Effie Brenneman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Hypertensive arteriosclerotic cardio-vascular renal disease — unknown

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) - - - - - - - - - - - - - - - - - -

(c) - - - - - - - - - - - - - - - - - - -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crebral sclerosis — unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-49 19....., to 2-3-50, 19....., that I last saw the deceased alive on 1-19-50, 19....., and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (Degree or title) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED 2-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Feb. 3, 1950
NAME OF CEMETERY OR CREMATORY Removal to Charles Town, W.Va.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Feb. 3/1950
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adrian H. Rowland ADDRESS Clear Spring, Md

344-4V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01985

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 136 E. Franklin St

3. NAME OF DECEASED (Type or Print): (First) Mrs (Middle) (Last) Sophia Schwartz

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Harry Silver 3511 Denlyn Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	2 hrs
44 1/X Antecedent cause(s)		
92 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	2 wks
	(c) Endocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1950, to 2/12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE W M Stemberg (Degree or title) M.D ADDRESS Wash. County Hosp Hagerstown Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2-13-50 | NAME OF CEMETERY OR CREMATORY Shaarei Tfiloh | LOCATION (City, town, or county) Balto | (State) Md

DATE REC'D BY LOCAL REG. 2-15-50 | REGISTRAR'S SIGNATURE Chas. Bowers | 24. FUNERAL DIRECTOR Jack Lewis Inc | ADDRESS 2100 Eastern Ave

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01986

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 yrs 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3728 Old Frederick Rd

3. NAME OF DECEASED (Typo or Print): (First) Arthur (Middle) (Last) Shipley

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 13, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland, Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Shipley

14. MOTHER'S MAIDEN NAME: Martha Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
260 X Immediate cause	(a) Arteriosclerotic cardiovascular disease	~ 2½ years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 61	(b) Old Cerebrovascular accident	~ 6 years
	(c) Diabetes mellitus	12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

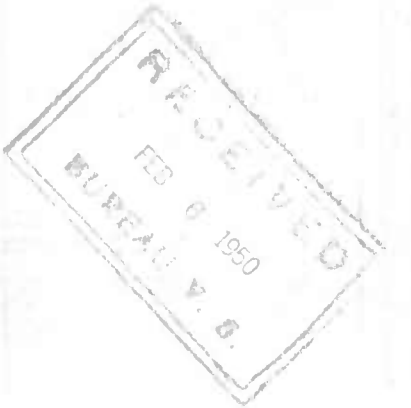
22. I hereby certify that I attended the deceased from Sept. 1, 19 49, to Feb. 2, 19 50, that I last saw the deceased alive on Feb. 2, 19 50, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas — (Degree or title): M.D. — ADDRESS: Ritchie State Hosp. Cascade, Md. — DATE SIGNED: Feb. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/5/50 — NAME OF CEMETERY OR CREMATORY: Meadow Branch — LOCATION (City, town, or county) (State): Westminster Md

DATE REC'D BY LOCAL REG.: 2/3/50 — REGISTRAR'S SIGNATURE: John A. Cochran, Dep. Local Reg.

24. FUNERAL DIRECTOR — ADDRESS: Horace F. Bungee, 3631 Falls Road, Baltimore, Md.


RECEIVED
FEB 6 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61987

Reg. Dist. No. 304

1. PLACE OF DEATH · COUNTY: Washington · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) W. (Last) Shives

4. DATE OF DEATH: (Month) Feb. (Dey) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-5-86

9. AGE last birthdey: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auctioneer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Shives

14. MOTHER'S MAIDEN NAME: Ann Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Dr. Leo S. Shives

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not releted to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Feb 5, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.N. Shaffer M.D. ADDRESS Hancock Md DATE SIGNED 2/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-8-50 | NAME OF CEMETERY OR CREMATORY: Rehobeth Meth Cem. | LOCATION (City, town, or county) (State): Fulton Co., Penna

DATE REC'D BY LOCAL REG. 2-8-50 | REGISTRAR'S SIGNATURE: J.A. Heller

24. FUNERAL DIRECTOR ADDRESS: Charles R. Bast, Hancock, Md

28083

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 10 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

01988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) May (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 1, 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Mooths. Days — If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Marks

14. MOTHER'S MAIDEN NAME: Caroline Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Etta Smith, Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

442 13a

(b) Cardio vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 23, 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D M Shapper M D — ADDRESS: Hancock, Md. — DATE SIGNED: 2/25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE:** Feb. 27 1950 — **NAME OF CEMETERY OR CREMATORY:** River View Cemetery — **LOCATION (City, town, or county) (State):** Hancock Maryland

DATE REC'D BY LOCAL REG.: 2-25-50 — **REGISTRAR'S SIGNATURE:** J. A. Heller

24. FUNERAL DIRECTOR: H. K. Rowland — **ADDRESS:** Clear Spring, Md.

RECEIVED
OCT 1 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01989

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown; STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Esther; (Middle) Stuart; (Last) South

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-15-1878

9. AGE last birthday: 71 yrs. If under 1 year: Months 5; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles B. South

14. MOTHER'S MAIDEN NAME: Ellen McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Leo Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral arterio-Sclerosis	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	arterio Sclerosis	number of years 8
	(c)		

334 X
97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

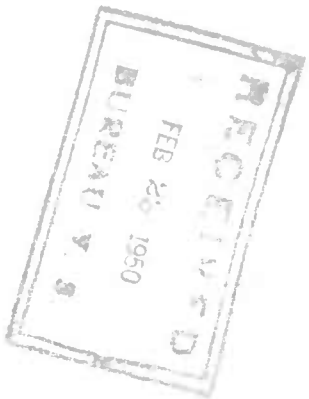
22. I hereby certify that I attended the deceased from Feb 18, 1950, to Feb 20, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O. H. Binkley, M.D.		Hagerstown, Md	2/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-1950	Funkstown Cemetery	Funkstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 21, 1950	Chas. F. Bowers	C. M. Suter & Sons	Hagerstown, Md.

Dr. B. B. Kinsey



Dr. Wade

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Ohio — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warren
STREET ADDRESS (If rural, give location): 2001 Union St. S.W.

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) B. (Last) Stover

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 3 1861

9. AGE last birthday: 88 yrs. 8 mos. 6 days — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Annville Penna

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John A. B. Odenkaur

14. MOTHER'S MAIDEN NAME: Elizabeth Overly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None.

17. INFORMANT AND ADDRESS: Mr. Fred Kreider Annville Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 Mos. 9 days
Antecedent cause(s) 422.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arterio-Sclerosis	" " "
	(c) Cystitis	" " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nervous. Poor appetite.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1949, to Feb. 9, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Herbert Wade	M. D.	Boonsboro - Md.	2/11/50.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 12. 1950	Boonsboro Cemetery	Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 12. 1950	John H. Bast	Clem J. Bast & Sons	Boonsboro Md.

RECEIVED
FEB 15 1950
BUREAU V. S.

Evidence for change of age & birth date is on:

Dr. Hirshman

01991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 MAR 1 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 24 Hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 42 Blooms Ave.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) STRANGE			4. DATE OF DEATH (Month) Feb. (Day) 21 (Year) 1950		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH ~~6/3/98~~ 7/5/83	9. AGE last birthday ~~59~~ 66 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Not Known	11. BIRTHPLACE (State or foreign country) Harrisburg, Penna	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Strange		14. MOTHER'S MAIDEN NAME Sally Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown No (If year, give war or dates of service) ---	16. SOCIAL SECURITY No. 217-10-2780	17. INFORMANT AND ADDRESS Melvin Strider Charlestown, W. Va			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aneurysm — aorta	25 wk
Antecedent cause(s)	(b) Syphilis late latent —	2 yrs or more
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

622 X

30g

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2nd, 19[illegible], to Feb. 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 930 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hirshman	MD	Hagerstown Md	2/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/24/50	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) Charlestown (State) W. Va.
DATE REC'D BY LOCAL REG. Feb. 22 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

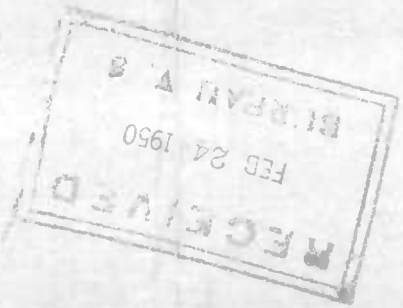
98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I


RECEIVED
FEB 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01992

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Leitersburg — LENGTH OF STAY (in this place) Life	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Leitersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Rt. #6	STREET ADDRESS (If rural, give location) Hagerstown Rt. #6

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) C. (Last) Strite

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	12/22/1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph S. Strite	Catherine Lesher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		None	Cyrus Strite, Hagerstown Rt. #6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate.
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	Indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1949, to Feb 12, 1949, that I last saw the deceased alive on ?, 1949, and that death occurred at (not certain (Feb 11, 1950) as to hours) m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		148-W. Washington St. Hagerstown, Md	2-13-50

23. BURIAL, CREMATION REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/15/50	Miller's Men. Ch. Cem.	Wash. Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 13, 1950	Chas H Bowers	W.T. Norment	Hagerstown, Md.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Kniesley
148 W. Wash

RECEIVED
FEB 15 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01993

CERTIFICATE OF DEATH

Reg. Dist. No. 7.306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pawn Pondsville
LENGTH OF STAY (in this place) 80 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — near Smithsburg Md
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Swope

4. DATE OF DEATH (Month) Feb. (Day) 18th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 21st 1863
9. AGE last birthday 86 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housekeeping
11. BIRTHPLACE (State or foreign country) Pondsville Md.
12. CITIZEN OF WHAT COUNTRY? Washington

13. FATHER'S NAME Wm Grove
14. MOTHER'S MAIDEN NAME Avanda Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mary Swope Hetzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 days

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a

(c) Generalized Arteriosclerosis 14 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 12, 1950, to Feb 18 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 7.50 A.m., from the causes and on the date stated above.

SIGNATURE G. A. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 20th 1950
NAME OF CEMETERY OR CREMATORY Smithsburg
LOCATION (City, town, or county) Smithsburg, Wash. (State) Md

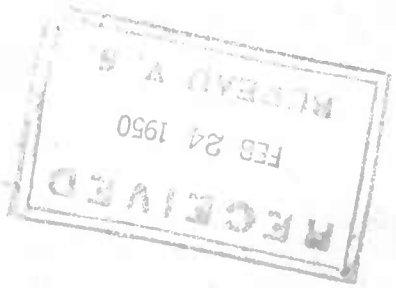
DATE REC'D BY LOCAL REG. Feb-19-50
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Geo B. Hoover ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01394

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinesburg Md.
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinesburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinesburg Md.
STREET ADDRESS (If rural, give location) Pinesburg Md.

3. NAME OF DECEASED (Type or Print) (First) Thomas Braxton (Middle) (Last) Thomas

4. DATE OF DEATH (Month) Feb. (Day) 6 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 5 1880

9. AGE last birthday 70 Yrs. If under 1 year Months 0 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Tannery

11. BIRTHPLACE (State or foreign country) Culpepper Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James Thomas

14. MOTHER'S MAIDEN NAME Emily Grason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 219-01 7392

17. INFORMANT Miss Madaline Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion, acute	1 minute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic cardio-vascular renal disease	unknown
	(c)	

420.1
13/a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1949, to Feb. 6, 1950, that I last saw the deceased alive on Jan. 23, 1950, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE Curtis Robert Cohen (Degree or title) M D ADDRESS Clear Spring, Maryland DATE SIGNED February 8, 195

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Feb. 10 1950 | NAME OF CEMETERY OR CREMATORY Riverview Cemetery | LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Feb. 10-50 | REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

988 20

RECEIVED
FEB 13 1950
BUREAU V. S.

Dr. Hirshman

01995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 351 Elizabeth St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) NELLIE ELIZABETH WEAVER

4. DATE OF DEATH (Month) (Day) (Year) February 7 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 30, 1871
9. AGE last birthday 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Clearspring, Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel B. Sterling
14. MOTHER'S MAIDEN NAME Mary Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ----
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs William Seibert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 wks.
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1950, to Feb. 6, 1950, that I last saw the deceased alive on Feb. 6, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 2/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/9/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. Feb 8. 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 10 1950

MARYLAND STATE DEPARTMENT OF HEALTH

01996

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 Freemont St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 420 Freemont St.

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) (Last) West
4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: May 29, 1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Harry West

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Vascular hypertension — INTERVAL BETWEEN ONSET AND DEATH

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

9ta

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right sided hemiplegia smi invalid 5 yrs

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): No None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 2/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Feb. 8, 1950
NAME OF CEMETERY OR CREMATORY: Oxford Church Cemetery
LOCATION (City, town, or county) (State): Lexington, Virginia

DATE REC'D BY LOCAL REG.: Feb. 7, 1950
REGISTRAR'S SIGNATURE: Grant Bowers
24. FUNERAL DIRECTOR: Fred W. Kraiss
ADDRESS: Hagerstown, Md.

RECEIVED
FEB 9 1950
BUREAU V. A.

01997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Smithsburg #2
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Smithsburg Md. #2

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) D. (Last) Williard
4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: May 17, 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lantz Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Williard
14. MOTHER'S MAIDEN NAME: Inez Kipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Joseph Williard, Smithsburg #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

331 X Antecedent cause(s) — 34 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c) Generalized Arterio-Sclerosis. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25 1950, to Feb 26 1950, that I last saw the deceased alive on Feb 26 1950, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE: G. G. Kohler (Degree or title) MdC ADDRESS: Smithsburg DATE SIGNED: 2/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/1/50
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county): Cascade (State) Md.

DATE REC'D BY LOCAL REG.: Feb 28-50
REGISTRAR'S SIGNATURE: Geo W. Ferguson
24. FUNERAL DIRECTOR: Walter J Grove, ADDRESS: Waynesboro Pa.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950

Evidence for change of age shown on:

FILE No. G 124 FEB 27 1950

01998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md. — LENGTH OF STAY (in this place): 32 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beaver Creek Md.
STREET ADDRESS (If rural give location): Beaver Creek Md. FRD #1

3. NAME OF DECEASED (Type or Print): (First) Earl (Middle) Henry (Last) Wolff
4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): boy
8. DATE OF BIRTH: Sept. 1 1942
9. AGE last birthday: 7 yrs. — If under 1 year: Months 5, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Wolff
14. MOTHER'S MAIDEN NAME: Nellie Catherine Elliott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY No.: None
17. INFORMANT: Mr. John H. Wolff (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 Immediate cause (a) Chronic Valvular Heart Disease — 1 yr.

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral insufficiency — 1 yr.

(c) Myocardial Failure — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13/49, 19....., to 2/13/50, 19....., that I last saw the deceased alive on 2/13/50, 19....., and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE: C. F. Gaines — (Degree or title) M. D. — ADDRESS: Williamsport Md. — DATE SIGNED: 2/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 16 1950 — NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery — LOCATION (City, town, or county): Macedonia — (State): Penna.
DATE REC'D BY LOCAL REG.: Feb. 16 1950 — REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Edith V. Leaf — ADDRESS: Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 20 1950
BUREAU V. S.